(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Land

Α	For the	2019 calend	lar year, or tax year beginning , 2019, and ending	···	,								
В	Check if ap	plicable	C	D Employer iden	tification number								
	Addre	ss change	<u>Stack</u> Up	47-5424	1265								
	Name	сћалде	14913 W Navarre Way	E Telephone nur									
	\vdash	return	Sylmar, CA 91342	412-370	1-3665								
	H	turn/terminated		412 570	7 3003								
	\vdash	ded return		G Gross receipts	\$ 2.002.202								
	\vdash	ation pending	F Name and address of principal officer Stephen Machinga H(a)	Is this a group return for sub-	1 1 2								
		actor pending	beenich Hachad	• .									
	Tay ayar	npt status	Same As C Above	Are all subordinates including "No," attach a list (see i	nstructions)								
÷		•	X 501(c)(3) 501(c) () (insert no) 4947(a)(1) or (\ 227)										
-	Websi			Group exemption number									
K		organization	X Corporation Trust Association Other L Year of formation	2015 M State of	legal domicile PA								
ŀРа		Summar			·								
	1 Br	etly describ	be the organization's mission or most significant activities. Our mission	<u>is to support</u>	and connect								
ခွ	a a		uty and retired veterans with their civilian cou	nterparts_thr	ough a shared								
ğ	±9	ove_or_	video gaming.	<u></u>									
er.	<u> </u>			= H::::::::::::::::::::::::::::::::::::									
Governance	2 Ch		If the organization discontinued its operations or disposed of more than		· _								
∞ ∞			ting members of the governing body (Part VI, line 1a) lependent voting members of the governing body (Part VI, line 1b)	3	5								
es			of individuals employed in calendar year 2019 (Part V, line 2a) NOV	9 2020 4	5 10								
Ξ			of volunteers (estimate if necessary)	16	167								
Activities &				EN, UT 7a	0.								
			business taxable income from Form 990-T, line 39	7b	0.								
				Prior Year	Current Year								
_	8 Co	ntributions	and grants (Part VIII, line 1h)	3,015,101.	2,858,177.								
Revenue		gram service revenue (Part VIII, line 2g)											
ver	10 Inv	estment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)										
æ	11 Oti	ner revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,857.	4,105.								
	12 To	tal revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,019,958.	2,862,282.								
	13 Gr	ants and si	milar amounts paid (Part IX, column (A), lines 1-3)	2,538,966.	2,164,039.								
	14 Be	nefits paid	to or for members (Part IX, column (A), line 4)										
	15 Sa	laries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	231,528.	240,907.								
ses	16 a Pro	ofessional f	undraising fees (Part IX, column (A), line 11e)	•									
Expenses													
찗													
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	376,090.	299,844.								
- 1			s Add lines 13-17 (must equal Part IX, column (A), line 25)	3,146,584.	2,704,790.								
-	19 Re	venue less	expenses Subtract line 18 from line 12.	-126,626.	157,492.								
Not Assets or Fund Balances	20 Tot	al accoto 4	Part X, line 16)	eginning of Current Year	End of Year								
3ala		•	(Part X, line 26)	246,931.	378,303.								
A P			<u> </u>	26,612.	492.								
			fund balances Subtract line 21 from line 20	220,319.	<u>377,811.</u>								
₽a	rt:II櫽	Signatur	Block										
Under	penalties of	perjury, I decla	re that I have examined this return, including accompanying schedules and statements, and to the best of my l er (giner than office) is based on all information of which preparer has any knowledge	knowledge and belief, it is true	e, correct, and								
-		I. \	M / Money is access on an intermediate to which prepare that any knowledge	V 0664252									
Signal & of officer													
Sig Her	n	Signatur		- Date									
Hei	e		SIEDITO TO CONTINUE OF THE STATE OF THE STAT										
		ļ. <u>''</u>	orintiname and title	· <u> </u>									
		"	eparer's name Preparer's sogrâture Date	Check rf	PTIN								
Pai		Leslie	A. McGee, CPA Leslie A. McGee, CPA 9/23/20	self-employed	P00803218								
Pre	parer	Firm's name	► McGee Maruca & Assoc, PC, CPAs										
Use	Only	Firm's addres	s 3111 Banksville Rd Suite 200	Firm's EIN ► 25	-1743181								
		!	Pittsburgh, PA 15216	Phone no (41)	2) 344-9006								
May	the IRS	discuss this	return with the preparer shown above? (see instructions)		X Yes No								

931

Form **990** (2019)

		Stack Up	47-5	424265	F	age 2
Pai		tement of Program Service Accomplishments				
		ck if Schedule O contains a response or note to any line in this Part III				X
1	-	ribe the organization's mission				
		sion is to support and connect active duty and retir				-
	<u>civilia</u>	n counterparts through a shared love of video gamino	<u> </u>			
			_	 .		
	Did the sure		41			
2	Form 990 or	nization undertake any significant program services during the year which were not listed	on the prior	□ v	(G)	A1 -
		r 990-E27 cribe these new services on Schedule O		Yes	X	No
2	•	cribe triese riew services on Schedule O anization cease conducting, or make significant changes in how it conducts, any pro	00100 001110002	□ v _a ,	₩.	No
3	-	cribe these changes on Schedule O	ografii services.	∐ Yes	X	No
4		e organization's program service accomplishments for each of its three largest prog	ram conuces as r	nessured by	avnan	- OC
•	Section 501	(c)(3) and 501(c)(4) organizations are required to report the amount of grants and e, if any, for each program service reported	allocations to other	rs, the total	expens	es,
4 2	(Code) (Expenses \$ 2,419,252. including grants of \$) (Revenue	\$	·)
	See Sche				_	·
	777-244					
	- 					
						
					_	
				_	-	
					- 	
4 5	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
				_		
		·		-	. _	
		·			· -	
					-	
			- 		· -	
					· -	
			- -	-	-	
		·				
			- -	-		
		·				
		·			-	
	: (Code) (Expenses \$ including grants of \$) (Revenue	Ś		
70				T		′
		·			-	
					-	
		·			-	
						-
				-		
		·				
		·				
		·				
						
4 d		am services (Describe on Schedule O)	*			
	(Expenses		enue \$)	
BAA	Total progra	m service expenses ► 2,419,252. TEEA0102L 07/31/19		For	n 990 ((2019)

Part IV | Checklist of Required Schedules

_	· · ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	140
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes.' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17	ĺ	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	}	Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь	_	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 19 If Yes, complete Schedule I, Parts I and II	21		Х

Form 990 (2019) Stack Up Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
١	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		· ·	
1 :	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0		İ	ι
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	
BAA	TEEA0104L 07/31/19	Form	990 (2	2019)

Form 990 (2019) Stack Up

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 10			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	\Box	i	†
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	o If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
	o If 'Yes,' enter the name of the foreign country ►			+
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		l	
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
,	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
I	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 Ь		
7	Organizations that may receive deductible contributions under section 170(c).			
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
ı	of Yes, did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			T
	Form 8282?	7 c		X
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 e		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	-'' 		<u>^</u>
	as required?	7 g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	_		
_	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. I Did the sponsoring organization make any taxable distributions under section 4966?			 '
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 a 9 b		├
	Section 501(c)(7) organizations. Enter	30		 ,
	Initiation fees and capital contributions included on Part VIII, line 12	ŀ		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	l		j
11	Section 501(c)(12) organizations. Enter	[i	
á	Gross income from members or shareholders	ľ		
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources	ŀ		
10.	against amounts due or received from them). Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	12 a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		 ,
	Note: See the instructions for additional information the organization must report on Schedule O			
t	Enter the amount of reserves the organization is required to maintain by the states in	- 1		
	which the organization is licensed to issue qualified health plans	ļ		
	Enter the amount of reserves on hand			X
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		
	of Yes, has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
10	If 'Yes,' complete Form 4720, Schedule O	-13		
BAA		Form	990 ((2019)

47-5424265 Page 6 Parts/18 Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 See Schedule O X Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule O X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch O 7 b X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a Х b Each committee with authority to act on behalf of the governing body? 8Ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No X 10 a Did the organization have local chapters, branches, or affiliates? 10 a b if Yes, did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **医** b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in See Schedule O X Schedule O how this was done. 12 c 13 Did the organization have a written whistleblower policy? 13 Х X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15 a X b Other officers or key employees of the organization See Schedule O 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ PA CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Sylmar CA 91342 (412) 370-3665

Stephen Machuga 14913 W Navarre Way

Form 990	,	ack Up	47-5424265	Page 7
Part VII	Compend Independ	sation of Officers, Directors, Trustees, Key Employees, Highest (lent Contractors	Compensated Employee	s, and
	Check if So	hedule O contains a response or note to any line in this Part VII		

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

See instructions for the order in which to list the persons above

Check this box if neither the organization nor any relat		T		(C)			,	1	1	
(A) Name and title	(B) Average hours per	than	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza tions below dotted line)	Individual trustice or director	Institutional trustee	Officer	Kcy employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Stephen Machuga	40									
CEO, Chairman	0	X		X		_		66,000.	0.	0.
(2) Louisa Spring Board Member	<u>_5_</u>	х						0.	0.	0.
(3) Robert Brown Board Member	_ <u>5</u> _	х						0.	0.	0.
(4) Mike Lavigne Vice Chariman	<u>5_</u>	Х		Х				0.	0.	0.
(5) Evan Uselton Treasurer	<u>5</u>	х		Х				0.	0.	0.
(6) Jimmy Whisenhunt Board Member	<u>-</u> _5	Х						0.	0.	0.
	_									
	_								_	
(9)								_		
(10)										
(11)										
(12)										
(13)										
(14)										

Form 990 (2019) Stack Up	ustoos	Kov	En	<u> </u>				d Llighart Cam	47-54242	
Part VII Section A. Officers, Directors, Tr	(B)	ney 			C)	es,	and	i nignest con	ipensated Em	ployees (continued)
(A) Name and title	Average hours per week	Position (do not check more box, unless person officer and a direct				ore than one on is both an		(D) Reportable compensation from	(E) Reportable compensation from related organization	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	Individual trustice or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	relatéd organizations (W-2/1099 MISC)	compensation from the organization and related organizations
(15)										
(16)										
<u>(17)</u>										
<u>(18)</u>										
(19)										
(20)				1						
(21)										
(22)										
(23)									, , ,	
(24)										
(25)										
1 b Subtotal							\	66,000.	0	
c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)	ion A						-	0. 66,000.	0	
2 Total number of individuals (including but not limited from the organization 0	d to those I	sted	abov	/e) v	vho	recen	ved.			
 3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for surface and including the organization and related organizations great such individual 	<i>ch individu</i> of reportab	<i>al</i> le coi	mpe	ensa	tion	and	oth	er compensation		Yes No
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ue compen s,' comple	satio te Sc	n fro	om a lule	any <i>J fo</i>	unre r suc	late h p	d organization or erson	individual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest comper	nsated inde	nen	dent	COL	ntrac	tors	tha	t received more th	nan \$100 000 of	
compensation from the organization Report compe	nsation for	the ca	alen	dar y	/ear	endir	ng w	ith or within the or	ganization's tax ye	
Name and business add	dress							Description o	of services	(C) Compensation
Total number of independent contractors (including \$100,000 of compensation from the organization)		ted to	tho	se li	sted	abov	/e) v	who received more	than	

	Part VIII	S	tatement	of	Revenu	е
--	-----------	---	----------	----	--------	---

		Check if Schedu	le O	contains	a resp	onse or note to ar	ny line in this Part V	/!!!		
		•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1	a Federated campaig	ns		1 a					
Ta L		b Membership ducs			1 Ե		1			
5.5		c Fundraising events			1 c		1	,		
iifts ar A	d Related organizations 1 d		1 d		1	, ' "	<u>'</u>	· ·		
D. G.	e Government grants (contributions)			1 e		- "			' '	
ğ iz		f All other contributions, o	gifts,	grants, and		· · ·	1 .			
žei je		similar amounts not incl			_1f	2,858,177			' ' '	. ,
<u> </u>		g Noncash contributions in lines 1a-1f	nclude	ed in	1 g	2,192,844.	;			
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a	-1f			≥,132,011.	2,858,177.	•		
٩			-		T	Business Code	2,030,177.			
Program Service Revenue	2	a			F	- · · · · · · · · · · · · · · · · · · ·		_		
죭		b		. – – – -			-			
8		c								
ē		d								
E		e						-	-	
gra	1	f All other program s	ervi	ce revenu	e – –					
S.	١,	g Total. Add lines 2a	-2f		L				-	
	3	Investment income (ıdına dıvıde	nds. in	terest and				
	-	other sımılar amoui	nts)	y	,	•				
	4	Income from invest	mer	nt of tax-e	kempt	bond proceeds -				
	5	Royalties				•				
				(ı) Ře	al	(ii) Personal				
	6	a Gross rents	6a							
	1	Less rental expenses	6b				,			, ,
	(Rental Income or (loss)	6с				A THE STATE OF		,	, ,
	(d Net rental income of	or (lo	oss)		•				
	7 ;	Gross amount from		(i) Secu	rities	(ii) Other				-
		sales of assets	7a							i ,
	li	other than inventory Less cost or other basis	,			+	, 9 1	, ,		." }
		and sales expenses	7b							
	(Gain or (loss)	7 c							;
	•	Net gain or (loss)				-				
ē	8 8	Gross income from fundi	aisin	g events			•			
Š		(not including \$			_					Ì
ě]	of contributions reported	on li	ne ic)			. 9	, `		
č		See Part IV, line 18			8 a				,	, ,
Other Reven		Less direct expens			86	•		,		
ರ	(: Net income or (loss) fro	om fundrai	sing e	vents <u></u>		" ·3 [^] ~ ,		
	9 a	Gross income from gamii See Part IV, line 19	ng ac	tivities					` ,	į
					9a	1				Í
		Less direct expens			9 b	L				·
	•	: Net income or (loss) fro	ım gamınç	activi	ties -				
	10 a	Gross sales of inventory, returns and allowances	less				11	1 4		. '
				.1	10a			er topt	· · · · · · · · · · · · · · · · · · ·	, -
	b Less cost of goods sold c Net income or (loss) from sales of inventory								L.	
		: ivet income or (loss) tro	m sales o	Tinver		:			
និ	77 -					Business Code				
Miscellaneous Revenue	11 a	<u>Miscellaneou</u>	<u>s</u> _				4,105.	4,105.		
	t	' - 								
e G	C									
Ais F				.1	L					
		Total. Add lines 11a					4,105	, ,	, .	n 1974 mm 3
	12	Total revenue. See	ınstı	ructions	_	· ·	2,862,282.	4,105.	0.	0.
BAA						TEEA	0109L 07/31/19			Form 990 (2019)

	90 (2019) Stack Up		.	47-54	24265 Page 1
Part I	X Statement of Functional Expen		ther erganizations must e	complete column (A)	
Section	Check if Schedule O contains a			ompiete column (A)	
	include amounts reported on lines 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
or Se	ants and other assistance to domestic ganizations and domestic governments ee Part IV, line 21			The state of the s	The same survey of
_ in	rants and other assistance to domestic dividuals. See Part IV, line 22	2,164,039.	2,164,039.		(多)的"新疆事员
	rants and other assistance to foreign ganizations, foreign governments, and for- gn individuals. See Part IV, lines 15 and 16.			The Control of	
5 Co	enefits paid to or for members compensation of current officers, directors, ustees, and key employees	66,000.	23,283.	15,854.	26,863.
6 Cd di se	ompensation not included above to squalified persons (as defined under ction 4958(f)(1)) and persons described section 4958(c)(3)(B)	0.	0.	0.	0.
7 Of	her salaries and wages	156,284.	55,133.	37,540.	63,611
(ır	ension plan accruals and contributions include section 401(k) and 403(b) inployer contributions)	•			
9 Of	her employee benefits				
10 Pa	ayroll taxes	18,623.	7,087.	4,078.	7,458.
11 Fe	es for services (nonemployees)				
	anagement				
b Le					
	counting			<u> </u>	
	bbying		1617 x 2 43 74 x 2 x		
	ofessional fundraising services See Part IV, line 17		在 图1976年,1973年	Both Carlotte	
	vestment management fees ner (If line 11g amount exceeds 10% of line 25, column		 		
(A)) amount, list line 11g expenses on Schedule 0) Ivertising and promotion	62,762. 32,850.	27,675. 10,001.	21,374. 7,042.	13,713. 15,807.
13 Of	fice expenses	687.		655.	32.
14 In	formation technology				
	pyalties				
	ссирапсу	10,449.		10,449.	
	avel	90,840.	80,305.	2,545.	7,990.
ex	lyments of travel or entertainment penses for any federal, state, or local blic officials				
	onferences, conventions, and meetings erest				
	lyments to affiliates				
	preciation, depletion, and amortization	1,292.		1,292.	
	bor expenses Itemize expenses not	4,459.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4,459.	ريون دارين درين يارين درين
co on of	her expenses Itemize expenses not vered above (List miscellaneous expenses line 24e if line 24e amount exceeds 10% line 25, column (A) amount, list line 24e penses on Schedule O)				
	ank fees	30,012.	2.	229.	29,781.
_	onvention	25,120.	23,061.	1,145.	914.
	ostage and Shipping	15,072.	14,280.	792.	
	eals and entertainment	12,966.		90.	1,188.
	other expenses	13,335.	2,698.	9,522.	1,115.
25 To	tal functional expenses Add lines 1 through 24e	2,704,790.	2,419,252.	117,066.	168,472.
the joi ca Ch	int costs. Complete this line only if e organization reported in column (B) int costs from a combined educational mpaign and fundraising solicitation leck here \(\bigcup				
BAA	JF 30-2 (A3U 330-72U)	TEEA0110L 0	7,21,110	<u> </u>	Form 990 (2019)

Part X Balance Sheet

		Check if Schedule O contains a response or note to	o any li	ine in this Part X				
	`		_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				217,337.	1	199,887.
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net					3	45,000.
	4	Accounts receivable, net					4	7,879.
İ	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	I contri	cer, director, butor, or 35%				
							5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section		•	er		6	
	7	Notes and loans receivable, net					7	
2	8	Inventories for sale or use				26,168.	8	122,087.
Assets	9	Prepaid expenses and deferred charges					9	
Ä	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10 a	6,1	73.			
	b	Less accumulated depreciation	10 b	2,7		3,426.	10 c	3,450.
	11	Investments – publicly traded securities.	·				11	0,100.
Ī	12	Investments – other securities See Part IV, line 11			ľ		12	
	13	Investments - program-related See Part IV, line 11					13	
	14	Intangible assets	İ		14			
	15	Other assets See Part IV, line 11			15			
ĺ	16	Total assets. Add lines 1 through 15 (must equal line		246,931.	16	378,303.		
	17	Accounts payable and accrued expenses				26,612.	17	492.
-	18	Grants payable			}	 	18	
-	19	Deferred revenue					19	
,	20	Tax-exempt bond liabilities					20	
ĕ.	21	Escrow or custodial account liability Complete Part I			}		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or	irector, trustee, 35%	ļ		22	
~	23	Secured mortgages and notes payable to unrelated th	nird par	ties	Ì		23	
Į	24	Unsecured notes and loans payable to unrelated third	parties	s	Ţ		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	s to re plete P	lated third parties Part X of Schedule	s, e D		25	
	26	Total liabilities. Add lines 17 through 25	Ī	26,612.	26	492.		
ces	-	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	, >	X			, ,	1.
直	27	Net assets without donor restrictions			Ì	201,551.	27	263,947.
8 B	28	Net assets with donor restrictions			ļ	18,768.	28	113,864.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	e ► [A Company of the Comp	, ,	
5	29	Capital stock or trust principal, or current funds			ř		29	<u> </u>
\$	30	Paid-in or capital surplus, or land, building, or equipm	ent fur	nd	ţ		30	
35	31	Retained earnings, endowment, accumulated income,			}		31	
4	32	Total net assets or fund balances			ļ	220,319.	32	377,811.
2	33	Total liabilities and net assets/fund balances			ŀ	246,931.	33	378,303.

Fori	m 990 (2019) Stack Up 47-	5424265		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets			-	
	Check if Schedule O contains a response or note to any line in this Part XI			_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,8	62,2	282.
2	Total expenses (must equal Part IX, column (A), line 25)	2			790.
3	Revenue less expenses Subtract line 2 from line 1	3			192.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			319.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		77,8	311.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			•	:
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	d on a		-	,
	b Were the organization's financial statements audited by an independent accountant?		2 ь	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis	te			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O		,		, t
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audion or audits, explain why on Schedule O and describe any steps taken to undergo such audits	ıt	3 b		
BAA			اتتا	990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

OMB No 1545 0047

Open to Public Inspection

Employer identification number Name of the organization 47-5424265 Stack Up Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iı) EİN (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? (A) (B) (C) (D) (E) Total

	edule A (Form 990 or 990-EZ) 201					47-5424265	
Par	rt II Support Schedule for						(vi) /
	(Complete only if you checked organization fails to qualify	I the box on line 5,	7, or 8 of Part I or	if the organization) failed to qualify un	ider Part III If the	
Sec	tion A. Public Support		ned below, piedes	s complete r art .	",		/
Cale	endar year (or fiscal year inning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1		 		 	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	STATE OF THE PARTY			- W W W W W W W W.	建筑等等	
Sec	tion B. Total Support	_			-,		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. Add lines 7 through 10		LA ASSESSE	想要說有		The second	
12	Gross receipts from related activ	vities, etc (see ins	structions)			12	
	First five years. If the Form 990 is organization, check this box and	stop here		ırd, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ [
	tion C. Computation of Pul						
	Public support percentage for 20 Public support percentage from 2	· /	•	ne 11, column (f)))	14	%
		/		12	14 - 22 1/5	<u> </u>	
16a	33-1/3% support test—2019. If the and stop here. The organization				id line 14 is 33-1/3	3% or more, cneck	this box
b	33-1/3% support test—2018. If the and stop here. The organization				a, and line 15 is 33	3-1/3% or more, ch	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the 'facts-a	and-circumstances	s' test, check this	s box and stop her	re. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the 'facts-a	and-circumstances	s' test, check this	s box and stop her	re. Explain in Part	
10	Private foundation If the organi	ration did not che	ck a how on line	13 16a 16h 17a	or 17h check the	ie hay and see ins	tructions ►

47-5424265 Schedule A (Form 990 or 990-EZ) 2019 Stack Up Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (c) 2017 (a) 2015 **(b)** 2016 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any 'unusùal grants ') 2,206,495. 2,776,640.3,015,101. 2,858,177. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's 0. tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 0. Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf The value of services or facilities furnished by a governmental unit to the 0. organization without charge Total. Add lines 1 through 5 0 2,206,495 2,776,640 3,015,101 2,858,177 10,856 413. Amounts included on lines 1, 2, and 3 received from disqualified persons 0 0 0 0 0 0. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 0 0 0 0 0. c Add lines 7a and 7b 0 0 0 0 0 0. Public support. (Subtract line ;° •• 1. ي چار ديد 7c from line 6) 10,856,413 Section B. Total Support (e) 2019 (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (f) Total Calendar year (or fiscal year beginning in) 9 Amounts from line 6 206,495 776,640. 3,015,101 2,858,177 10,856,413. 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from 0. similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 0 0 0 0 0 0. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 0. 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) See Part VI 2,558. 4,857. 4,105. 11,520. 13 Total support. (Add lines 9, 0. 2,206,495. 2,779,198. 3,019,958. 2,862,282. 10,867,933. 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) X organization, check this box and stop here Section C. Computation of Public Support Percentage ર 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 % 16 16 Public support percentage from 2018 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 옿 18 18 Investment income percentage from 2018 Schedule A. Part III, line 17 19a 33-1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests-2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2019

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I if you checked 12a of Part I, complete Sections A and B if you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E if you checked 12d of Part I, complete Sections A and D, and complete Part V.)

C 1'			Supporting	A	! 4 !
NACTION	Δ	211	NIINNAMINA	Uraan	ITATIONS
Jechon	$\neg \cdot \prime$	~11	Juddol III Iu	Oluan	12440113

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		,
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		-
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		<u>-</u> -
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		-
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	بقر عبيد	
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		لب سعد
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	·	
5 <i>a</i>	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	 5a	»!	t tomatamba and
Ь	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	a	لدائد دست
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .	6	*	-
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		<u> </u>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		1
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		أميدحسماند
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		أسنسم
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		4 ° 4,
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		انست

а	The organization satisfied the Activities Test Complete line 2 below
ь	The organization is the parent of each of its supported organizations. Complete line 3 below
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
- 3 Parent of Supported Organizations Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard

 151100		
	Yes	No
2a		2 大
2b	2- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	
3a	اله اله اله اله اله	1 - 5 1
3b		

Pa	If $V = I$ type III Non-Functionally integrated 509(a)(3) Supporting Organization	anıza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on i	Nov 20, 1970 (explain in l ust complete Sections A t	Part VI) See hrough E
Sec	(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		·
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		-
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
- (Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			, , ,
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	The state of the s	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	5	
4	Enter greater of line 2 or line 3	4		
5_	Income tax imposed in prior year	5	1, 2, 1	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions)	grate	d Type III supporting orga	inization
BAA			Schedule A (For	m 990 or 990-EZ) 2019

	t V Type III Non-Functionally Integrated 509(a)(3) S		(********************************	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pi	urposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	,	
3	Administrative expenses paid to accomplish exempt purposes of s			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	ion is responsive (provide	details	
9	Distributable amount for 2019 from Section C, line 6		_	
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
ь	From 2015			
С	From 2016			•
d	From 2017			
ее	From 2018			,
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D, line 7			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4	<u> </u>		
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions	,		
7	Excess distributions carryover to 2020. Add lines 3 _j and 4c			
8	Breakdown of line 7			2 1/1 1 1 1
а	Excess from 2015			"一"公益维度。
	Excess from 2016	W: 61	.:	
С	Excess from 2017	4		
d	Excess from 2018	P. Programme V. V.		ry to Year of
e	Excess from 2019			, ,

Schedule A (Form 990 or 990-EZ) 2019

Stack Up

47-5424265

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions.)

Part III, Line 12 - Other Income

Nature and Source		2019		2018		2017	2016		 2015
Miscellaneous Tota	\$ 1 \$	4,105. 4,105.	\$ \$	4,857. 4,857.	\$ \$	2,558. 2,558.	\$	0.	\$ 0.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Stack Up 47-5424265 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No | Yes Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2 a **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 ▶\$ (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items **►** \$ a Revenue included on Form 990, Part VIII, line 1 ► S b Assets included in Form 990, Part X

Schedule D (Form 990) 2019 Stac		tions of Art Hist	orical Treasures or	47-542 Other Similar Ass	
3 Using the organization's acquisition	-		-		
items (check all that apply)	i, accession, and			ake significant use of its	Conection
a Public exhibition		—	or exchange program		
b Scholarly research		e U Othe	r		
c Preservation for future general Provide a description of the organization		ns and explain how the	ey further the organization's	s exempt purpose in	
Part XIII 5 During the year, did the organization	ation collect or re	soure densitions of a	rt historiaal transcuras a	r other complex accets	
to be sold to raise funds rather t	han to be main	ained as part of the	organization's collection	?	Yes No
Part IV Escrow and Custodia line 9, or reported an	Arrangeme	nts. Complete if	the organization ans	swered 'Yes' on Fo	rm 990, Part IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodian	or other intermediary	/ for contributions or othe	er assets not included	Yes No
b If 'Yes,' explain the arrangement				Į	
					Amount
c Beginning balance				1 c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				[1f]	
2 a Did the organization include an a				٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	Yes No
b If 'Yes,' explain the arrangement	t in Part XIII Cr	eck nere it the expla	ination has been provide	d on Part XIII	
Part V Endowment Funds. C	Complete if th	e organization a	nswered 'Yes' on Fo	rm 990 Part IV Jir	ne 10
Ture Lindowniene Funds. C	(a) Current ye				(e) Four years back
1 a Beginning of year balance.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentag	e of the current	year end balance (li	ne 1g, column (a)) held a	as	
a Board designated or quasi-endowm	nent ►	%			
b Permanent endowment					
c Term endowment	 *				
The percentages on lines 2a, 2b, a	nd 2c should equ	al 100%			
3 a Are there endowment funds not in t	the possession of	the organization that	are held and administered	for the	Yes No
organization by (i) Unrelated organizations					3a(i)
(ii) Related organizations					3a(ii)
b If 'Yes' on line 3a(ii), are the rela	ated organizatio	ns listed as required	on Schedule R?		3b
4 Describe in Part XIII the intended	-				<u> </u>
Part VI Land, Buildings, and					
Complete if the organ		ered 'Yes' on For	m 990, Part IV, line	11a See Form 990	0, Part X, line 10.
Description of property	(a	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land					
b Buildings					
c Leasehold improvements					
d Equipment			6,173.	2,723.	3,450.
e Other					
Total. Add lines 1a through 1e (Colum	nn (d) must equ	al Form 990, Part X,	column (B), line 10c)	•	3,450.
BAA				Schedu	ule D (Form 990) 2019

(a) Des	cription of security or category (including name of security)	(b) Book value	90, Part IV, line 11b See Form 990, Part X, I (c) Method of valuation Cost or end-of-year market value	
(1) Financ	cial derivatives			
(2) Closel	ly held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) 				
_(l) 				
Total (Colu	mn (b) must equal Form 990, Part X, column (B) line 12.)		The state of the s	<u>'.</u> '
Part VIII	I Investments — Program Related.	'Ves' on Form 90	N/A 90, Part IV, line 11c. See Form 990, Part X, li	ına 12
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
<u></u> _	(a) bescription of investment	(b) Book Value	(c) Method of Valdation Cost of Cha of year market	Value
<u>(1)</u> (2)		<u> </u>		
(3)				
(4)				
(5)			 	
(6)				
_ (0)				
(8)				
(9)				_
(10)				
	mn (b) must equal Form 990, Part X, column (B) line 13)		1 27.71 2 35. 7 37.4	,
Part IX	Other Assets.	N/		
		Waster Farm ÓC	00 Deat IV Inc. 11d One France 000 Deat V I	15
		'Yes' on Form 99	90, Part IV <u>, line 11d. See Form 990, Part</u> X, li	
(1)		'Yes' on Form 99 scription	Ö, Part IV, line 11d. See Form 990, Part X, li	
(1)		'Yes' on Form 99	90, Part IV <u>, line 11d. See Form 990, Part</u> X, li	
(2)		'Yes' on Form 99	90, Part IV <u>, line 11d. See Form 990, Part</u> X, li	
		'Yes' on Form 99	90, Part IV <u>, line 11d. See Form 990, Part</u> X, li	
(2) (3) (4) (5)		'Yes' on Form 99	90, Part IV <u>, line 11d. See Form 990, Part</u> X, li	
(2) (3) (4) (5) (6)		'Yes' on Form 99	90, Part IV <u>, line 11d. See Form 990, Part</u> X, li	
(2) (3) (4) (5) (6) (7)		'Yes' on Form 99	90, Part IV <u>, line 11d. See Form 990, Part</u> X, li	
(2) (3) (4) (5) (6) (7) (8)		'Yes' on Form 99	90, Part IV <u>, line 11d. See Form 990, Part</u> X, li	
(2) (3) (4) (5) (6) (7) (8) (9)		'Yes' on Form 99	90, Part IV <u>, line 11d. See Form 990, Part X, li</u>	
(2) (3) (4) (5) (6) (7) (8) (9) (10)	(a) Des	'Yes' on Form 99	(b) Book va	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	(a) Des	'Yes' on Form 99	90, Part IV <u>, line 11d. See Form 990, Part X, li</u>	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	olumn (b) must equal Form 990, Part X, column (E	'Yes' on Form 99 scription B) line 15)	(b) Book va	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	olumn (b) must equal Form 990, Part X, column (E. Other Liabilities. Complete if the organization answered 'Yes' on Fo	'Yes' on Form 99 scription B) line 15)	(b) Book va	alue
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	olumn (b) must equal Form 990, Part X, column (E. Other Liabilities. Complete if the organization answered 'Yes' on Fo	'Yes' on Form 99 scription 3) line 15)	P0, Part IV, line 11d. See Form 990, Part X, line (b) Book va	alue
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Cc Part X 1. (1) Fede (2)	olumn (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo	'Yes' on Form 99 scription 3) line 15)	P0, Part IV, line 11d. See Form 990, Part X, line (b) Book va	alue
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Cc Part X 1. (1) Fede (2) (3)	olumn (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo	'Yes' on Form 99 scription 3) line 15)	P0, Part IV, line 11d. See Form 990, Part X, line (b) Book va	alue
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Cc Part X * 1. (1) Fede (2) (3) (4)	olumn (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo	'Yes' on Form 99 scription 3) line 15)	P0, Part IV, line 11d. See Form 990, Part X, line (b) Book va	alue
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X * 1. (1) Fede (2) (3) (4) (5)	olumn (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo	'Yes' on Form 99 scription 3) line 15)	P0, Part IV, line 11d. See Form 990, Part X, line (b) Book va	alue
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X * 1. (1) Fede (2) (3) (4) (5) (6)	olumn (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo	'Yes' on Form 99 scription 3) line 15)	P0, Part IV, line 11d. See Form 990, Part X, line (b) Book va	alue
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (CC Part X * (1) Fede (2) (3) (4) (5) (6) (7)	olumn (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo	'Yes' on Form 99 scription 3) line 15)	P0, Part IV, line 11d. See Form 990, Part X, line (b) Book va	alue
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X : (1) Fede (2) (3) (4) (5) (6) (7) (8)	olumn (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo	'Yes' on Form 99 scription 3) line 15)	P0, Part IV, line 11d. See Form 990, Part X, line (b) Book va	alue
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	olumn (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo	'Yes' on Form 99 scription 3) line 15)	P0, Part IV, line 11d. See Form 990, Part X, line (b) Book va	alue
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (CC Part X (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10)	olumn (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Fo	'Yes' on Form 99 scription 3) line 15)	P0, Part IV, line 11d. See Form 990, Part X, line (b) Book va	alue
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X * (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	(a) Description (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Formation (a) Description (b) Description (c) D	'Yes' on Form 99 scription 3) line 15)	P0, Part IV, line 11d. See Form 990, Part X, line (b) Book va	alue
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X * 1. (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total (Column Total (Column Total (Column	column (b) must equal Form 990, Part X, column (E) Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Descriperal income taxes	"Yes' on Form 99 scription B) line 15) orm 990, Part IV, line ption of liability	P0, Part IV, line 11d. See Form 990, Part X, line (b) Book va	lue

Part XI Reconciliation of Revenue per Audited Financial State	tements With Revenue	per Return.	
Complete if the organization answered 'Yes' on Form	990, Part IV, Ime 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	2,862,282.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		•	
a Net unrealized gains (losses) on investments	2 a	,	
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d	7.	
e Add lines 2a through 2d	<u> </u>	2 e	
3 Subtract line 2e from line 1		3	2,862,282.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	1 . [
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b	<u> </u>	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12)	5	2,862,282.
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Expens	es per Return.	
Complete if the organization answered 'Yes' on Form	990, Part IV, line 12a		
Total expenses and losses per audited financial statements		1	2,704,790.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2 c]	
d Other (Describe in Part XIII)	2 d]	
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	2,704,790.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b	10.	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Ii	ma IX)	5	2,704,790.
Part XIII Supplemental Information.	116 10)		<u> </u>

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE I		ָּט <u></u>	ants and Ot	Grants and Other Assistance to Organizations,	to Organization	š,	— <i>h</i>	OMB No 1545 0047
		Comple	ernments, a te if the organizati	nd Individuals I on answered 'Yes' on F	n the United St. Form 990. Part IV. line	ates 21 or 22.		2019
Department of the Treasury Internal Revenue Service		•	► Go to www.i	► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.	10. latest information.	İ		Open to Public Inspection
Name of the organization							Employer identification number	cation number
Stack Up			1				47-5424265	65
Part I General Ir	Part I General Information on Grants and Assistance	ts and Assista	nce					
1 Does the organizal the selection crite	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ubstantiate the amorants or assistant	ount of the grants or	assistance, the grantees	eligibility for the grants	or assistance, and		X Yes No
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use	dures for monitoring	g the use of grant fu	of grant funds in the United States		Ø	Part IV	_
Part II Grants an Form 990,	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Ye Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	to Domestic any recipient	Organizations that received in	and Domestic Gov nore than \$5,000. I	ernments. Comple	Complete if the organization answered 'Yes' be duplicated if additional space is needed.	on answered '\ space is neede	res' on de.
(a) Name and addition	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						_		
(3)								
(4)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						3	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					•		
(5)								
(9)								
 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					•		
<u>(7)</u>								
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
(8)								
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed	in the line 1 table			•	
3 Enter total numbe	Enter total number of other organizations listed in the line 1 table	listed in the line	1 table				A	0
BAA FOR Paperwork H	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e the Instructions	s for Form 990.		TEEA3901L 07/10/19	07/10/19	Schedu	Schedule I (Form 990) (2019)

Stack Up Schedule I (Form 990) (2019)

Part III * Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

do :30:00:00:00:00:00:00:00:00:00:00:00:00:					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Video gaming	107,000		2,164,039 FMV	FMV	Video Games
2					
3					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part 1. line 2. Part III. column (h): and any other additional information	de the information	required in Part I.	line 2. Part III col	ilmn (h): and any other	r additional information

Fart IV > Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

The Organization provides video games to worthy military personnel through vetted

referrals from various military contacts.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

Sta	ack Up			47-	-542426	55		
Par								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	od of a	d) determii bution a	ning imounts
1	Art — Works of art							
2	Art — Historical treasures			<u> </u>				
3	Art — Fractional interests							
4	Books and publications						 _	
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
	Securities – Closely held stock	ļ		<u> </u>				
	Securities – Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures			į į				
14	Qualified conservation contribution — Other	-						-
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts		 					
	Scientific specimens				<u> </u>			
24	Archeological artifacts							
25	Other See Part II)	<u></u>	<u> </u>					
26	Other ► ()	<u> </u>						
27	Other ► ()							
28	Other (ــــــــــــــــــــــــــــــــــــــ			ļ ,			
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done	during the tax yee Acknowled	year for contributions fo gement	r which the	29	. <u>.</u>		-
							Yes	No
30a	During the year, did the organization receive by contributing the year, did the organization receive by contributing the years from the date						3 -	
	for exempt purposes for the entire holding period		,	,		30 a		Х
b	If 'Yes,' describe the arrangement in Part II							أحي
31	Does the organization have a gift acceptance poli	cy that requir	es the review of any r	nonstandard contributio	ns?	31		X
32a	Does the organization hire or use third parties or noncash contributions?	related organ	izations to solicit, pro	cess, or sell		32 a		Х
b	If 'Yes,' describe in Part II						y ?	
33	If the organization didn't report an amount in colu	ımn (c) for a	type of property for wh	hich column (a) is chec	ked,	ا . ا		İ

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

describe in Part II

Schedule M (Form 990) 2019

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Sch M, Part I, Lines 25-28 Other Non-Cash Contributions

Description	Appl?		Revenue on Form 990, Part VIII	Method of Deter. Rev.
Gaming Codes Gaming Codes	X X	1	\$ 1,999,980. 910.	
Video Games	X	1	95,977.	
Video games	X	1	19,195.	
Video games	X	1	57,586.	
Video games	X	1	19,196.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection 5

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Stack Up

Employer identification number

47-5424265

Form 990, Part III, Line 4a - Program Service Accomplishments

Air Assaults: Flying deserving and/or disabled veterans to major gaming culture events accross the country to show them once-in-a-lifetime VIP experience, interacting with their favorite game developers, meeting their favorite gaming personalities.

Supply Crates: Giant boxes of the latest in games and gear sent to combatzones, humanitarian missions, or to troops recovering in military hospitals.

The Stacks: This program brings together volunteer teams, both local veterans and civilians, to support various military service organizations in their area, and have fun while doing it. Our Stacks program also includes our online gaming group, the Red Shirt Raiders, where veterans and veteran-supportive civilians can come together and play the latest online games with one another in a safe and friendly environment , helping veterans to stay connected to the community.

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

The Board of Director's is comprised of members.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

The members vote on the election of directors and officers to the Board of Directors.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

All board decisions are made by a majority agreement of all members.

Form 990, Part VI, Line 11b - Form 990 Review Process

The Board of Directors performs a review of Form 990 prior to filing and a copy is made available to all board members.

Schedule O (Form 990 or 990-EZ) (2019) Employer identification number Name of the organization 47-5424265 Stack Up

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization has each Board member confirm annually that he or she does not have any conflict of interest.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The Board of Directors approves and reviews annually the salaries of the Executive Director and other key employees.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

All are available on site by request.